

Estes

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045102

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 479

FILED NOV 27 1963

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY <u>ST FRANCIS</u>	2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
1 0942	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FLAT RIVER</u>	Length of stay in 1b	c. CITY OR TOWN <u>Flat River, Mo.</u>
2 0942		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>101 DONALD ST.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>101 Donald</u>
3		3. NAME OF DECEASED First Middle Last <u>EMMA ESTES</u>		4. DATE OF DEATH Month Day Year <u>NOV-14-1963</u>
4 1		5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>
5 2		8. DATE OF BIRTH <u>APRIL 23 1897</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
6		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>WAYNE CO. Mo.</u>
7 0		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	13a. FATHER'S NAME <u>THOMAS WARD</u>	
8 2		13b. MOTHER'S MAIDEN NAME <u>MARTHA WHITE</u>	14. NAME OF HUSBAND <u>VIRGIL ESTES</u>	
9 4200		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>John Estes Flat River, Mo.</u>
10		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic Heart Disease</u> DUE TO (c)		
11		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
12 90-0		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
13 1-0		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
	20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
	20f. CITY, TOWN, OR LOCATION COUNTY STATE			
	21. I attended the deceased from <u>Sept 20-63</u> to <u>Nov 14-63</u> and last saw her alive on <u>NOV 11-63</u> Death occurred at <u>8:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
	22a. SIGNATURE (Degree or title) <u>C. H. Applesberry M.D.</u> 22b. ADDRESS <u>Riversville, MO.</u> 22c. DATE SIGNED <u>11-17-63</u>			
	23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> 23b. DATE <u>NOV. 17 1963</u> 23c. NAME OF CEMETERY OR CREMATORY <u>PARKVIEW</u> 23d. LOCATION (City, town, or county) (State) <u>NEAR FARMINGTON, MO.</u>			
	24. FUNERAL DIRECTOR ADDRESS <u>CALDWELL AND SONS FLAT RIVER, MO.</u> 25. DATE RECD. BY LOCAL REG. <u>NOV. 17, 1963</u> 26. REGISTRAR'S SIGNATURE <u>Etheridge</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

UNRECORDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.